

CONFIDENTIAL

PalliaTech RI LLC

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name Carolyn Fedigan	Title Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Belmont	State MA	ZIP 02478	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Christine Rigby	Title Treasurer / Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Shelton	State CT	ZIP 06484	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Marietta D'Agostino	Title Secretary / Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Augusta	State ME	ZIP 04330	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name John Dol	Title Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Gorham	State ME	ZIP 04038	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Robert Winnicki	Title Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Auburndale	State MA	ZIP 02466	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name John O'Brien	Title Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]	City Painter	State VA	ZIP 23420	Phone Number [REDACTED]

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Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name Rebecca DeKeuster		Title CEO / Officer		SSN/FEIN [REDACTED]	DOB [REDACTED]
Address [REDACTED]		City Sidney	State ME	ZIP 04330	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest



Authorized Signatory

Date

Joseph F. Lusardi

Printed Name

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]